

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		ARIZONA		State File No. 296	
County Navajo		State		Registered No.	
District or Township Woodruff		or Village		or	
City		No.		St. Ward	
2. FULL NAME		Infant son N. D. Kartchner		(If death occurred in a hospital or institution, give its NAME instead of street and number).	
(a) Residence. No.		Lindon Ariz.		St. Ward.	
(Usual place of abode)		Length of residence in city or town where death occurred		(If non-resident, give city or town and State)	
yrs.		mos. 10 ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX M.		4. COLOR or RACE White		5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) Infant	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no					
6. DATE OF BIRTH (month, day and year)					
7. AGE		Years Months Days		IF LESS than 1 day hrs. or min.	
		6 27			
8. OCCUPATION OF DECEASED Infant					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town). Ariz. (State or country)					
10. NAME OF FATHER N. D. Kartchner					
11. BIRTHPLACE OF FATHER Old Mex (city or town) (State or country)					
12. MAIDEN NAME OF MOTHER Leona Turley Woodruff Ariz					
13. BIRTHPLACE OF MOTHER (city or town) (State or country)					
14. Informant N. D. Kartchner (Address) Lindon Ariz.					
15. Filed Oct 21st, 1930 Sara Brinkerhoff Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) 10/21/30					
17. HEREBY CERTIFY, That I attended deceased from Oct. 17th 30 to Oct. 21st 30 that I last saw him alive on Oct. 21st. 1930 and that death occurred, on the date stated above, at 11 a.m. The CAUSE OF DEATH* was as follows: Pneumonia, complicated with Polymyelitis					
(duration) yrs. mos. 9 ds.					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted Lindon Ariz if not at place of death?					
Did an operation precede death? NO Date of					
Was there an autopsy? none					
What test confirmed diagnosis? (Signed) J. W. Gathard M. D. Oct 21 1930 (Address) Holbrook					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL Woodruff Cemetery					
DATE OF BURIAL Oct-22-					
20. UNDERTAKER James Brinkerhoff ADDRESS Woodruff Ariz.					